## Vanderburgh County Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/06/2010</u>	Address:	551 <u>2 Hogue Rd</u>	
Case #:	<u>10-65454</u>		Evansville, IN	
County:	<u>Vanderburgh</u>		<u>47712</u>	
Type of Laboratory Scizure (check one) Scizure Le			ocation (check all that apply)	
<ul> <li>☑ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>		Residence Outhuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all ti	n <b>d: Location</b> (bedroom, kitchen, open ai hat apply) h/Ammonia Reaction(s): <u>Blue Tub</u>	r, etc)		
Red Phosphorous/Iodine Reaction(s):				
☐ Hammable Solvents:				
Water Reactive Metal (Lithium): Blue Tub				
Hydrochloric Acid Gas Generator(s): Blue Tub				
Anhydrous Ammonia:				
⊠ Corrosi	ve Acid: Blue Tub			
Corrosi	ve Base:			
Other (item and location):				
☐ Yes ☐ No ☐ Childre. Living cond	er age 18 discovered (check appropriat (number present)  n not present but evidence they reside ditions of home: clean disarray ength of time manufacturing had been Information:	or visit often  unclean		
This repor	t has been faxed to the following ago	encies that serve the	location:	
Health Dep	ment: <u>C Weaver</u> artment: <u>D Caldwell</u> t of Child Services: <u>C Parmenter</u>	Fax: <u>812-4</u> Fax: <u>812-4</u> Fax: <u>812-4</u>	3 <u>5-5871</u>	
	information regarding this methamphong Officer: <u>Det. Heath Stewart</u> Phot		ontact	

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.